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Patient Satisfaction Concerning CAM Discussions

With Primary Care Providers

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I. Introduction

Complementary and alternative therapy (CAM) has been growing in popularity for the past 20 years (Easthope, Tranter, & Gill, 2000). CAM encompasses many different kinds of medicines and therapies including massage, aromatherapy, acupuncture, and herbal remedies, among others (Ben-Arye & Frenkel, 2004). Primary health care providers today are undereducated on CAM therapies, frequently underestimating patient use of CAM, and they have not matched the demand at which the population has demonstrated interest (Leach, 2004). In one study, physicians believed that only 4% of their patients were practicing CAM, when the actual percentage was 37% (Kao & Devine, 2000). Another study found that 58% percent of physicians always or often asked their patients about CAM use (Giveon, Liberman, Klang, & Kahan, 2003). This leaves about half of physicians failing to ask their patients about CAM use which ultimately leads to the question of whether primary health care providers are asking patients the appropriate questions regarding CAM and discussing CAM options (Ben-Arye & Frenkel, 2004).

Patients turn to CAM for several reasons. The most frequent reason is dissatisfaction with the results of conventional medicine, especially in chronic illness (Jonas, 2001). Other reasons include patients' desire for empowerment and control over their health and also the feeling that CAM is a more holistic way of health (Bishop, Yardley, & Lewith, 2003). Lack of provider knowledge of CAM may lead to increasing patient dissatisfaction with the health care system resulting from patients feeling as if they do not have control over their healthcare. This potential lack of communication regarding CAM use between patient and health care provider could potentially be harmful due to possible CAM therapy interactions with allopathic medications (Jonas, 2001). This study addresses the satisfaction of the general patient population concerning CAM discussions between patients and their primary health care providers. This information is

valuable because it is important that health care providers are aware of the growing interest in CAM while caring for their patients in a manner that will enhance both patient satisfaction and health.

II. Review of Literature

Complementary and Alternative Medicine

The use of complementary and alternative medicine (CAM) among the population of United States has significantly increased within the past 20 years (Easthope et al., 2000). CAM growth is paralleling the growth of preventative medicine and measures such as smoking cessation and health education, and away from conventional drugs and major surgeries (Benedict, 2008). In a study from 2003, more than one-third of Americans report participation in CAM therapies and consumption of over \$10 billion annually on CAM products and treatments (Givon et al., 2003). Reasons why patients choose CAM over allopathic medicine include dissatisfaction with allopathic medicine and the desire to be more involved and holistic in their own health (Leach, 2004). Despite the growth of CAM use, however, only about 50% of physicians inquire about the use of CAM among their patients (Givon et al., 2003). It is evident that there is a discrepancy between what health care providers are discussing with their patients and what patients are interested in, such as CAM. Patients may be left feeling unsatisfied with the primary care being provided and their overall health.

General Population (Patients) and CAM

The use of CAM in the United States has been steadily growing with 30% to 50% of American people using complementary medicines or therapies (Baldwin, Long, Kroesen, Brookes, & Bell, 2002; Leung, Dzankic, Manku, & Yuan, 2001). Other studies have shown that some populations, especially patients with cancer, are even more likely to use CAM therapies,

increasing the range from 30% to 83% (Ben-Arye & Frenkel, 2004). Data from the 2002 National Health Interview Survey (NHIS) of 17,295 women found about 40% CAM use among women, with biological and mind-based therapies most commonly used. Asian women and women of “Other” races reported the highest CAM use, followed by white, Hispanic, and black (Upchurch et al., 2007).

A U.S. survey analyzed by Meeker (2000), found that more Americans are making visits to CAM providers than to primary care physicians. According to a systematic review conducted by Bishop et al. (2007), the growth of CAM use is attributed to four main reasons: 1) beliefs related to control and participation over health and well-being, 2) perceptions of illness and psychological factors affecting health, 3) beliefs concerning holistic and natural treatments, and 4) general philosophies of life (such as a belief that CAM is a part of culture or religion). In the review, 10 of 13 studies showed significant associations with persons using CAM to become more involved with their healthcare and 17 out of 22 studies positively linking the relationship between CAM use and users’ beliefs that psychological factors affect health. However, these studies mostly examined populations with patients having cancer or human immunodeficiency virus (HIV). An exception was noted in one study reviewed of patients diagnosed with advanced stages of cancer that were found to have a lower desire to self-treat with CAM therapies (Bishop et al., 2007).

There are other reasons people may use CAM therapies in addition to those previously discussed. A study in England explored the fact that some people use CAM therapy for enjoyment, or in terms of the article, as “treats” (Bishop, Yardley, & Lewith, 2008). Some people use therapies such as massage, aromatherapy, and reflexology for pampering and relaxation instead of preventing, relieving, or curing a specific ailment. This is important to note

in order to initiate effective communication between patients and providers and their reasons for CAM use.

Age and perceived health status are factors that can affect whether an individual is more likely to use CAM therapies as well. A study conducted by Cartwright (2007) found that individuals over the age of 60 used alternative therapies to help them cope with the effects of ill-health and health related anxiety. Older adults are more at risk to suffer from chronic pain, and as a result are more likely to use CAM therapies (Jonas, 2001). Older persons also felt more empowered about their health when using CAM and were dissatisfied with conventional medicines (Cartwright, 2007). According to a cross-sectional study, those individuals that have a low self-perceived health status, regardless of socioeconomic status, are considerably more likely to use CAM therapies (Wolsko et al., 2000).

Although safety is an obvious concern regarding CAM therapies and interactions between CAM and conventional medicines, there are no studies that prove CAM to be harmful. In fact, a prospective study performed on a sample of 1,319 active duty US Navy and Marine Corps personnel found a small reduction in the overall risk of hospitalization associated with self-administration of two or more CAM therapies. This may be strongly related to the individual role and interest in personal health. In contrast, use of practitioner-assisted CAM was not associated with a protective effect (Smith, Smith, & Ryan, 2008). It is important to note that those that do use practitioner-assisted CAM require more intense therapy which puts that group at a higher risk of hospitalization.

It is essential for health care providers and especially primary care physicians to be knowledgeable on why people choose to use CAM and which populations are more likely to use CAM therapies. Ensuring that this information is known to health care providers, discussions

regarding complementary and alternative therapy can take place to enhance the mental and physical well-being of patients, especially those with chronic pain, low self-perceived health, and patients with cancer. Recognizing why people depend on alternative therapy is important in order to determine how health care providers can be more helpful to their patients.

Primary Care Providers and CAM

It is important as healthcare providers to understand the medical trends and interests that the general patient population is following in order to better satisfy patient healthcare needs. Due to the increased growth of CAM use, numerous studies have been conducted to determine the perceptions of primary care providers (PCP) regarding CAM and their attitudes of providing CAM therapies to their patients. According to a Turkish study involving 521 physicians, virtually all participating physicians have never received CAM education but nearly 75% reported they were interested in learning more about alternative medicines (Ozcakir et al., 2007). Within the same study, 65% of the physicians felt neutral towards CAM usage among patients whereas 15% felt bothered and 28% felt satisfied. The majority of physicians' that held a neutral position on patient usage of CAM may be attributed to the little knowledge or experience that physicians have with CAM.

Despite the growth of CAM use, Givon et al. (2003) found that only 25% of 150 primary care physicians had some training in CAM. This suggests that there is a large discrepancy between the number of people using CAM and what health care providers know about CAM. This knowledge deficit regarding CAM therapies is evident in an Israeli study which found that approximately 70% of PCPs claimed that they had little or no knowledge about what herbal remedies are (Givon et al., 2003). The lack of knowledge regarding CAM is unfortunate since the use of complementary therapy is growing quickly through the nation.

According to a qualitative study, three main themes determined whether communication about CAM took place between patients and their providers. This included the clinician's acceptance and nonjudgmental views about CAM, initiations of communication, and safety and efficacy concerns about CAM use with their patients (Shelly, Sussman, Williams, Segal, & Crabtree, 2009). This study also found that most patients who were using CAM expected their provider to initiate the discussion but did not expect their providers to be experts on the therapy they were using.

Similar to users of CAM, there are particular factors and characteristics that may influence physicians' knowledge and favorable view of patients' use of complementary medicines. Physicians that are more likely to favor and endorse CAM therapies tend to be younger practitioners who place a higher value on holistic approaches in medicine (Easthope et al., 2000). PCPs are also more likely to refer their clients to alternative therapy if they practice CAM themselves (Giveon et al. 2003). Studies have shown that 29% to 31% of primary health care providers practice some sort of complementary and alternative therapies (Ozcakir et al., 2007; Giveon et al., 2003). Likewise, those physicians who have observed the benefits of CAM therapy are more prone to refer patients to CAM (Berman, Bausell, Hartnoll, Beckner, & Bareta, 1999). On the other hand, those physicians that have less favorable attitudes towards CAM tend to be older, doubtful of CAM effectiveness, and perceive CAM as having negative effects (Easthope, 2000).

Many of the studies evaluating the attitudes and perceptions of primary care physicians are international research studies. There has been little research conducted in the United States regarding the usage and perception of CAM despite the fact that CAM is growing in use in the nation.

Patients, Primary Care Providers and CAM

It is important for patients to communicate the use of CAM therapies with their primary health care provider and other providers to facilitate discussions regarding CAM. Some problems that could result from lack of communication or miscommunication could be potential adverse interactions between conventional and unconventional medicines (Jonas, 2001). According to Givon et al. (2003), only 58% of the 150 primary care physicians claimed that they have always or often asked their patients about the use of CAM therapies. This leaves slightly less than half of the physicians not discussing or communicating CAM usage with their patients. In another study, in a sample size of 783 of physicians, 10% have had patient requests for CAM referral, but only about 50% of physicians comply with the request (Berman et al., 1999). This is significant to note that even when patients directly address their interest in CAM therapy, only half of physicians comply with the requests of their patients. This study also showed that physicians were more likely to comply with requests of some CAM therapies such as massage, hypnotherapy, and relaxation over therapies such as homeopathy and herbal medicines. Some populations, such as patients with cancer, expect their physicians to discuss and refer them to CAM therapies (Ben-Arye & Frenkel, 2004).

The lack of primary care providers' inquiry and knowledge regarding CAM may leave patients unsatisfied with their health care and ultimately decrease patients' optimal mental and physical health. It may also lead them to use CAM therapies without informing their PCP. This highlights the importance of recognizing patient satisfaction and providing for their health care needs. Therefore the purpose of this study was to determine the satisfaction of the general patient population regarding CAM discussions with their PCPs.

III. Methods

The following two research questions were studied: (1) Are clients satisfied with the CAM therapy discussions they have had with their primary healthcare provider? (2) How many patients are discussing CAM therapies with their PCPs?

Design

This study used a descriptive survey design.

Sample

A convenience sample was used. Participants were required to be 18 years or older and able to read and write in English. The desired sample was 200 participants.

Instruments

The survey instrument was designed by the investigator, and consisted of 18 questions that assessed the satisfaction of participants in regards to CAM discussions with their primary healthcare provider. Participants were also asked how often they visited their PCP and whether they would like to discuss more about CAM with their provider. Along with the CAM satisfaction survey, participants were asked to complete a demographic data sheet containing questions regarding age, gender, and ethnicity. Background literature regarding CAM was used to develop the survey questions. Content validity was established with review by a doctorally prepared nurse with experience in CAM.

Human Subjects

This study received exempt review by the social and behavioral sciences institutional review board.

Procedure

Participants were recruited at public venues (i.e. libraries, grocery stores, and college campuses) through voluntary participation. The investigator personally recruited subjects.

Subjects were asked to participate in a study concerning the satisfaction of their discussions of CAM with their primary health care providers. Participants were given a buckeye necklace as an incentive for participating in the survey.

Data Analysis

Descriptive statistics, such as mean, medians, and percentages, were used to analyze the data.

IV. Results

The sample consisted of 113 adults, ages 20 to 90, with a mean age of 53 years (S.D. =15). Thirty participants were male (27%), 76 participants female (68%), and 7 participants (6%) did not respond. The majority of the participants were Caucasian (81%), with 5% who identified as American Indian, 4% African American, and 2% Asian. Eight participants (7%) did not provide a response on their ethnicity.

Twenty-four participants (21%) reported they were asked about their CAM use by their PCP, 85 participants (75%) indicated that they were not asked, three were unsure, and one gave no response. Of the 24 that indicated that they had discussed CAM therapies, 58% reported that they were satisfied with their discussions. Of the 85 participants that were not asked about their CAM use, only 15% reported that they were satisfied. From the overall sample, 27 participants (24%) indicated that they were satisfied with their discussions about CAM with their PCP. Some who reported that they were satisfied with their CAM discussions included those who did not participate in CAM discussions.

Participants who were satisfied or unsure with their CAM discussions were asked to rate their satisfaction on a zero to ten scale. Figure 1 shows the frequency of the ratings on the scale. This scale shows that most people who discussed CAM with their provider rated their

satisfaction as a five out of ten or higher. The second most reported satisfaction score was 10 out of 10.

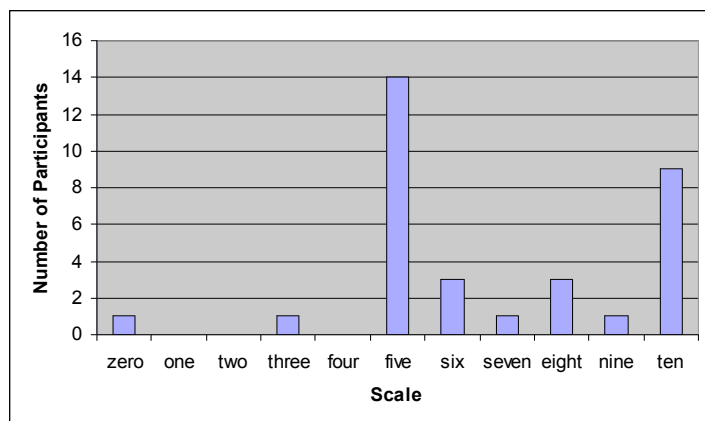


Figure 1. Satisfaction Scale

Results show that 41 participants (36%) use CAM therapies. Participants most frequently used massage therapy (28%), chiropracty (13%), and herbal medicines (13%). Participants were able to report their use of multiple therapies. Figure 2 illustrates participants' usage of specific CAM therapies. Most participants that use CAM reported that they participated in therapy either every day (10%), monthly (9%), or less than once a month (8%). Of the 41 participants that indicated their use of CAM, all reported that they found CAM therapies beneficial.

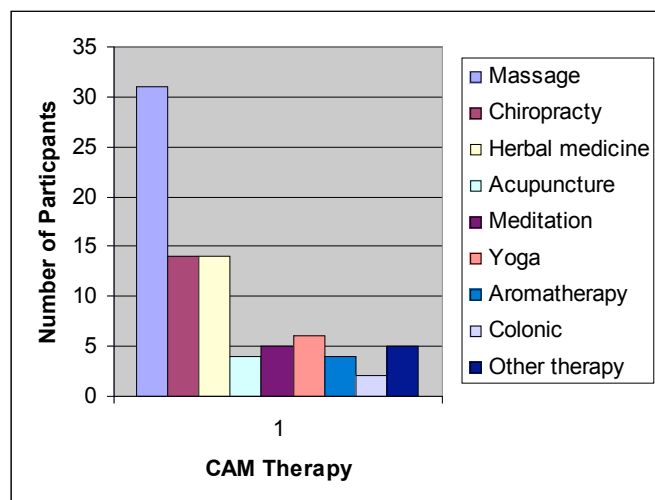


Figure 2. CAM Therapy Usage

Because this study is based on the discussions between patients and their PCP, participants were asked whether they regularly visited a PCP, and 109 (97%) responded yes. Of these participants, 52% indicated that they visited their provider two to three times a year, 31% saw their provider once a year, and 13% saw their provider four or more times annually.

Forty-five participants (40%) indicated that they would like to learn more about CAM, 31% indicated that they would not, and 27% were not sure. Fifty-seven participants (50%) indicated that they would like their PCP to discuss CAM options with them, 26% indicated that they would not like to discuss CAM, and 20% were not sure. Sixty percent of the sample indicated that they would be more inclined to use CAM if their provider recommended it. Ninety participants (80%) indicated that their provider has never referred them to CAM therapies. Of the 16 participants who were referred to CAM therapies by their provider, 12 participants (75%) followed or used the referral. There were no significant differences between men and women regarding their use of CAM, whether their provider asked about CAM use, or their satisfaction with their discussions.

V. Discussion

This study indicates a low level of satisfaction in the general population concerning their CAM discussions with their providers. Those participants who were asked about their use of CAM therapies were more likely to be satisfied with their discussions with their PCP as opposed to those who were not asked about their CAM use. These findings indicate that there are few providers discussing CAM with their patients, despite how people would like to talk about CAM. These findings are also consistent with Shelly et al. (2009), who found that people expected their providers to initiate conversations regarding CAM therapies.

In this study, 36% of the participants reported use of CAM therapies, which is consistent with the literature (Baldwin et al., 2002; Leung et al., 2001). There is, however, a discrepancy in how many physicians ask their patients about their use of CAM. A previous study conducted by Givon et al. (2003), reported that 58% of physicians addressed their patients about CAM use. This study found that the general population reported that only 21% of physicians inquired about their CAM use. It is plausible that physicians report a higher rate of CAM inquiry with patients whereas patients may report a lower rate of CAM inquiry from their providers. In this study, three of the 113 participants were *unsure* if they were asked about their CAM use by their provider. This may be due to the participant's lack of knowledge of what CAM therapies encompass or if they have forgotten because it was of little importance to them.

The satisfaction scale shown in Figure 1 displays the distribution of participants who rated their satisfaction of their CAM discussions on a zero to ten scale. The extreme bimodal distribution of the scale can not be explained, although it can be determined that those participants that were asked about their CAM use were mostly neutral or very satisfied about their discussions.

Limitations

A limitation of this study is that it uses a convenience sample, so the results cannot be generalized. Despite how the sample is diverse in age, it is not diverse in racial identity. The racial distribution is not reflective of the Columbus, Ohio population.

Nursing Implications

Although this study focuses on PCPs, nurses can also impact patients' healthcare experience by becoming aware of the health trends of the general population. Nurses, and especially nurse practitioners, can encourage patients to discuss the use of CAM with their

providers. They can also suggest the use of CAM to providers and patients to allow for a more holistic treatment approach.

Conclusion

This study was conducted to determine the satisfaction of the general population about their CAM discussions with their providers. This study also examined how many people were actually discussing CAM therapies with their providers. Findings suggest that those that were asked about CAM use were more satisfied with their discussions than with those who were not. Only one fifth of the sample reported that they discussed CAM with their providers. Due to the results of this study, healthcare providers may want to become more knowledgeable about CAM therapies so that they can discuss these options with their patients and become more sensitive and holistic to the needs of their patients.

References

- Baldwin, C., Long, K., Kroesen, K., Brookes, A., & Bell, I. (2002). A profile of military veterans in the southwestern United States who use complementary and alternative medicine: implications for integrated care. *Archives of Internal Medicine*, 162, 1697-1704.
- Ben-Arye, E., & Frenkel, M. (2004). An approach to teaching physicians about complementary medicine in the treatment of cancer. *Integrative Cancer Therapies*, 3, 208-213.
- Benedict, S. (2008). How practitioners do and don't communicate, part 1. *Integrative Medicine*, 6, 52-57.
- Berman, B., Bausell, B., Hartnoll, S., Beckner, M., & Bareta, J. (1999). Compliance with requests for complementary-alternative medicine referrals: a survey of primary care physicians. *Integrative Medicine*, 2, 11-17.
- Bishop, F., Yardley, L., & Lewith, G. (2008). Treat or treatment: a qualitative study analyzing patients' use of complementary and alternative medicine. *American Journal of Public Health*, 98, 1700-1705.
- Bishop, F., Yardley, L., & Lewith, G. (2007). A systematic review of beliefs involved in the use of complementary and alternative medicine. *Journal of Health Psychology*, 12, 851-867.
- Cartwright, T. (2007). 'Getting on with life': The experiences of older people using complementary health care. *Social Science & Medicine*, 64, 1692-1703.
- Easthope, G., Tranter, B., & Gill, G. (2000). General practitioners' attitudes toward complementary therapies. *Social Science & Medicine*, 51, 1555-1561.
- Giveon, S., Liberman, N., Klang, S., & Kahan, E. (2003). A survey of primary care physicians' perceptions of their patients' use of complementary medicine. *Complementary Therapies in Medicine*, 11, 254-260.

- Jonas, W. (2001). Advising patients on the use of complementary and alternative medicine. *Applied Psychophysiology and Biofeedback*, 26, 205-214.
- Kao, G., & Devine, P. (2000). Use of complementary health practices by prostate carcinoma patients undergoing radiation therapy. *Cancer*, 88, 615-619.
- Leach, M. (2004). Public, nurse and medical practitioner attitude and practice of natural medicine. *Complementary Therapies in Nursing & Midwifery*, 10, 13-21.
- Leung, J., Dzankic, S., Manku, K., & Yuan, S. (2001). The prevalence and predictors of the use of alternative medicine in presurgical patients in five California hospitals. *Anesthesia and Analgesia*, 93, 1062-1068.
- Meeker, W. (2000). Public demand and the integration of complementary and alternative medicine in the US health care system. *J Manipulative Physiol Ther*, 23, 123-126.
- Ozcakir, A., Sadikoglu, G., Bayram, N., Mazicioglu, M., Bilgel, N., & Beyhan, I. (2007). Turkish general practitioners and complementary/alternative medicine. *The Journal of Alternative and Complementary Medicine*, 13, 1007-1010.
- Shelly, B., Sussman, A., Williams, R., Segal, A., & Crabtree, B. (2009). 'They don't ask me so I don't tell them': patient-clinician communication about traditional, complementary, and alternative medicine. *Annals of Family Medicine*, 7, 139-147.
- Smith, T., Smith, B., & Ryan, M. (2008). Prospective investigation of complementary and alternative medicine use and subsequent hospitalizations. *BMC Complementary and Alternative Medicine*, 8. Retrieved May 10, 2009, from <http://www.biomedcentral.com/1472-6882/8/19>

Upchurch, D., Chyu, L., Greendale, G., Utts, J., Yali, B., Zhang, G., et al. (2007).

Complementary and alternative medicine use among American women: findings from the national health interview survey, 2002. *Journal of Women's Health*, 16, 102-113.

Wolsko, P., Ware, L., Kutner, J., Lin, C., Albertson, G., Cyran, L., et al. (2000).

Alternative/complementary medicine: wider usage than generally appreciated. *The Journal of Alternative and Complementary Medicine*, 6, 321-326.